

PART B - FEE(S) TRANSMITTAL

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(Signature)
(Date)

FISH & RICHARDSON P.C.
P.O. Box 1022
Minneapolis, MN 55440-1022

26171

7590

02/22/2007

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	AUTOGRAPHY DOCKET NO.	CONFIRMATION NO.
09/04/235	02/15/2006	Shunpei YAMAZAKI	67977-08064	7610

TITLE OF INVENTION: METHOD OF MANUFACTURING A SEMICONDUCTOR DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$3,400	\$0	\$0	05/22/2007

EXAMINER	ART UNIT	CLASS. SUBJECT
LEWIS, DAVID L.	2629	345-007000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/NB/122) attached
- ☐ "Fee Address" indication (or "Fee Address" indication form PTO/NB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fish & Richardson P.C.**

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(a) NAME OF ASSIGNEE (b) RESIDENCE (CITY and STATE OR COUNTRY)

Semiconductor Energy Laboratory Co., Ltd.

Atsugi-shi, Kanagawa-ken, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) were previously paid on February 10, 2006:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
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- ☐ I A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number [00-1050].

5. Change in Entity Status (from status indicated above)

- ☐ Applicant elects SMALL ENTITY status. See 37 CFR 1.27. ☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date) May 21, 2007

Typed or Printed Name: John P. Hayden, Registration No. 37,640

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